

RECOMMENDED PATIENT SAFETY PRACTICES – EFFECTIVE AND UNDERUSED SAFETY PRACTICES

Best Practices adopted by Tennessee Improving Patient Safety (TIPS) on March 1, 2002

The following 11 practices are the most highly rated of those in the **Agency for Healthcare Research and Quality's** report. The list is weighted toward clinical rather than organizational matters, and toward care of the very ill.

1. Appropriate use of prophylaxis to prevent venous thromboembolism in patients at risk.
2. Use of perioperative beta-blockers in appropriate patients to prevent perioperative morbidity and mortality.
3. Use of maximum sterile barriers while placing central intravenous catheters to prevent infections.
4. Appropriate use of antibiotic prophylaxis in surgical patients to prevent perioperative infections.
5. Asking that patients recall and restate what they have been told during the informed consent process.
6. Continuous aspiration of subglottic secretions to prevent ventilator-associated pneumonia.
7. Use of pressure-relieving bedding materials to prevent pressure ulcers.
8. Use of real-time ultrasound guidance during central line insertion to prevent complications.
9. Patient self-management for warfarin (CoumadinTM) to achieve appropriate outpatient anticoagulation and prevent complications.
10. Appropriate provision of nutrition, with a particular emphasis on early enteral nutrition in critically ill and surgical patients.
11. Use of antibiotic-impregnated central venous catheters to prevent catheter-related infections.

Resource:

For 73 more best practices, go to www.ahrq.gov/clinic/ptsafety/spotlight.htm

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